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PELLAGRA.

BRIEF COMMENTS ON OUR PRESENT KNOWLEDGE OF THE DISEASE.

By C. H. LAVINDER, Surgeon, United States Public Health Service.

The literature of pellagra continues to increase in volume, but our actual knowledge of the nature of the disease still leaves much, very much, to be desired. The etiology of pellagra remains in obscurity. The Italian school continues to ring changes on the corn theory, while the American school seems largely inclined to regard pellagra as an infectious disease of some undetermined nature. A review, however, of the proceedings of the last Italian Congress on Pellagra and of the last meeting of the American Association for the Study of Pellagra, along with other recent literature, leaves one in the end about as wise as in the beginning. There have been two or three reports of the successful production of pellagra in the lower animals, especially in the monkey, but these all await confirmation, and at present may be accepted with very much doubt. Taking all things into consideration, at present the safest point of view with regard to the causation of this disease is probably one of frank agnosticism, backed up by a healthy spirit of criticism and investigation, with the suppression of all desire to rush into print with immature speculations, fantastic hypotheses, and incomplete experimentation. "Prove all things," said the apostle; "hold fast to that which is good"—a precept no less applicable to medicine than to morals.

Much good work has been done on the epidemiology of pellagra. Such work has added materially to our knowledge of the disease along certain lines, but so far no one has been found who can place upon these facts any interpretation which promises to lead us to a better comprehension of the real nature of pellagra. It is well to remember that this kind of investigation, while valuable, must ultimately be completed by experimental proof. It is worthy of remark that Sambon has shown, what was already suspected, that the disease is far more prevalent than has been heretofore stated. In striking confirmation of this fact he has reported recently the discovery of over 50 cases of the disease in the British Isles. In the

United States, while accurate data are lacking, there is little doubt that pellagra continues to spread, and numerous cases are now found where the disease scarcely existed a year ago.

Needless to say, nothing of consequence has been added to our knowledge of the symptomatology of pellagra. It would seem still wise, however, to repeat a word of caution against hasty diagnoses in doubtful cases; still more important not to overlook frank cases of pellagra and call them "skin erysipelas," which, in spite of all that has been written and said, is still being done by some medical men.

Some more or less recent studies of the pathologic anatomy have appeared, but students do not seem in entire accord among themselves, and so far this line of investigation has not materially aided in throwing any light on the true nature of this malady.

It is no uncommon thing to hear doctors lament the difficulties surrounding the prognosis of pellagra. The chief disturbing point is, "When may one say the disease is cured and the patient finally recovered?" The answer to this question is just about as definite as the answer to such a question would be in tuberculosis of the lungs. A recovered pellagrin, under proper conditions, may remain in a good state of health indefinitely; but, like sufferers from tuberculosis, such a patient must always remember the possibility of a recurrence, and both he and his doctor should govern themselves accordingly. Pellagra in this respect does not differ from other diseases which might be mentioned, and there is therefore nothing mysterious about the matter.

The patient and doctor alike all seek some specific remedy for this, as well as other diseases. There is none for pellagra, and there is none for the vast majority of our diseases. Lacking a specific remedy, however, we have no need to throw up our hands in despair. There is no specific remedy for typhoid fever, for example, though there is a very logical treatment for this disease which, properly applied, gives good results. Likewise in pellagra there is no specific drug, but there is a treatment which gives good results, especially if applied in early cases. This treatment is largely summed up in the removal of the patient from his surroundings, if possible, and preferably to an institution, proper diet, properly regulated rest, hydrotherapy, and intelligent attention to general symptomatic treatment without too much drugs. Such treatment for pellagrins implies the use of institutions for this purpose, and we have none. We have at least partially met this difficulty in the treatment of tuberculosis, however, and pellagra may demand the same thing. The Italians have such places and report excellent results.

Arsenic enjoys the reputation of being very beneficial in this disease. It would seem, however, that a word of caution is necessary in the use of this remedy. I feel satisfied that many times arsenical

preparations have been used in the treatment of pellagra to the detriment of the patient, and I would counsel careful judgment in the administration of such a remedy in this disease. Especial caution is needed with regard to the employment of the so-called arsenical preparations, such as atoxyl and salvarsan. These remedies are potent both for good and ill, and to use them without careful deliberation is sometimes to invite disaster. Personally, I agree with the majority who have had experience, that salvarsan in pellagra is not only useless, but very often dangerous as well. To misuse a good thing and thus jeopardize its worth is an offense against common sense.

OVERCROWDED STREET CARS.

From the Bulletin of the Department of Health of the City of Louisville, Ky., for November 15, 1913.

A street car crowded to its greatest capacity, all the seats occupied, the aisles jammed with people clinging to straps, swaying against each other, many of them coughing and sneezing, is exceedingly dangerous to the public health. Under such conditions the air breathed is filthy and germ laden from diseased throats and lungs and head colds in active stages. One or two small ventilators, even if always open, are not sufficient.

All that is necessary to improve this condition is to put more cars on during the rush hours and allow only a certain number of passengers to each car. They should not be allowed to stand in the aisles. In most of the cities in Europe the street cars are plainly marked with the seating capacity of the car. When the car contains this number of passengers no more are taken. If European city governments have fully and effectively succeeded in regulating their street car accommodations, why can not we do it in Louisville?